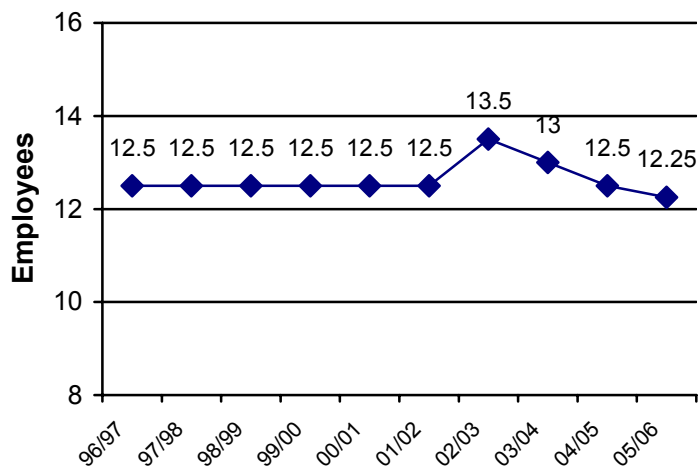


MISSION STATEMENT

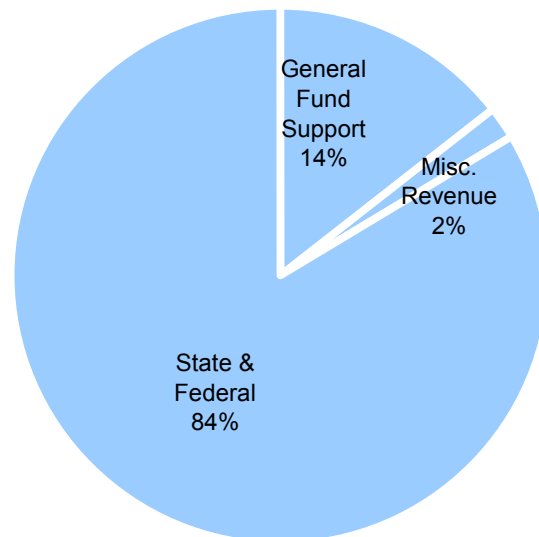
To ensure access to health care for all eligible adults who cannot afford to pay their medical bills.

	2003-04	2004-05	2005-06	2005-06	2005-06
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Revenues	\$ 3,089,776	\$ 3,326,564	\$ 3,629,672	\$ 3,629,672	\$ 3,629,672
Fund Balance Available	\$ 0	\$ 0	\$ 0	\$ 0	\$ 166
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	<u>\$ 3,089,776</u>	<u>\$ 3,326,564</u>	<u>\$ 3,629,672</u>	<u>\$ 3,629,672</u>	<u>\$ 3,629,838</u>
Salary and Benefits	\$ 917,544	\$ 889,789	\$ 1,018,909	\$ 1,018,909	\$ 1,018,909
Services and Supplies	2,008,485	2,720,888	2,610,763	2,610,763	2,610,929
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	\$ 2,926,029	\$ 3,610,677	\$ 3,629,672	\$ 3,629,672	\$ 3,629,838
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	\$ 2,926,029	\$ 3,610,677	\$ 3,629,672	\$ 3,629,672	\$ 3,629,838

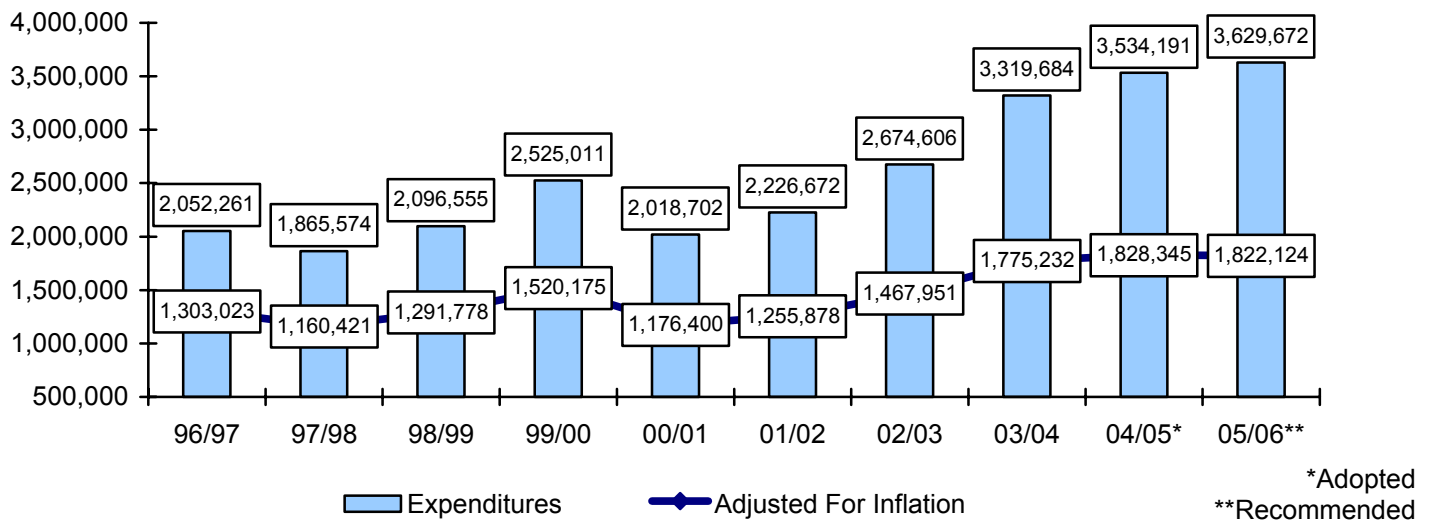
Number of Employees
(Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

CHIP/EMSP Program Support

Includes administrative, clerical and accounting support for the Other Indigent Health Programs and the Emergency Medical Services Program (EMSP).

Total Expenditures: \$55,000 Total FTE: 1.0

County Medical Services Program Administration (CMSP)

Authorize and pay for medical care to ensure access to health care for all eligible adults who cannot afford to pay their medical bills. Manage eligibility determination, medical pre-authorization, utilization review, case management, claims processing, accountability, program evaluation, and State reporting.

Total Expenditures: \$3,574,672 Total FTE: 11.25

DEPARTMENT COMMENTS

Access to quality health care is necessary to eliminate health disparities and increase the quality of life for all persons. CMSP continues to work with our community partners to facilitate medically necessary care of the County's indigent and low-income populations as mandated by Welfare and Institutions Code 17000. The average CMSP caseload is approximately 800 patients per month.

Health Systems' focus is to continually improve operations and services for the benefit of all CMSP patients, providers and other stakeholders. Recent improvements made to the eligibility process have resulted in longer eligibility periods for many. Also, more improvements have been made to the automated eligibility application. Our goal is to develop timesaving processes that will enable County residents to apply for CMSP on-line, at home or at other convenient locations, via the Internet. Currently CMSP information and applications forms, in both English and Spanish, are available on the Public Health Department's website at www.slopublichealth.org.

Maintaining effective partnerships with medical providers is essential in fulfilling the County's obligation to serve the CMSP population. Budget Augmentation Requests (BAR) increased CMSP payment rates to local hospitals in FY 2001-02 and specialists in FY 2004-05. The BARs were proposed because many local medical providers were dissatisfied with CMSP's reimbursement rates. As a result, all four private hospitals continue to treat CMSP patients. And, although there is a shortage of specialists in San Luis Obispo County that contributes to the limited number of specialists willing to treat CMSP patients, implementing Medicare payment rates to specialists had the immediate benefit of retaining the cardiologists, general surgeons and two ENTs who intended to discontinue treating CMSP patients. Medicare reimbursement rates are more attractive to specialists, and since July 2004, CMSP has added to its panel of providers: a gastroenterologist, an oral surgeon, a pulmonary disease specialist, an orthopedic specialist, a cardiovascular specialist, a podiatrist, a hospital specialist group and a hand surgeon. Obtaining neurosurgery specialists and oral surgeons to care for patients continues to be a challenge.

FY 2004-05 is the first year that the County has contracted with the Community Health Centers of the Central Coast (CHCCC) to expand outpatient medical services. CHCCC's extended hours and clinic locations are a great benefit to CMSP patients.

We look forward to another successful year of collaboration with our community partners in serving our community.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The recommended budget for CMSP represents a 2% increase in both expenses and revenues. Staff salary increases as well as higher Countywide overhead charges have been largely offset as a result of the Health Agency's projected increase in state realignment funds. Additionally, we increased funding for this budget in 2004-05 to reflect the Board's decision to increase payments to physician specialists who treat CMSP patients. Staff conservatively estimated the impact of that change, as well as other financial impacts related to the County's decision to contract with the Community Health Centers to operate and expand the outpatient clinics formerly run by the County. The increase in realignment coupled with lower than expected costs has the resulting impact of reducing the amount of General Fund money allocated to this program by about \$450,000. This decrease allowed us to redirect that amount of General Fund money from CMSP to other Health Agency programs to mitigate revenue losses and/or increased expenses in those other programs.

BOARD ADOPTED CHANGES

None.

GOALS AND PERFORMANCE MEASURES

Department Goal: Improve health and reduce suffering by efficiently determining program eligibility and arranging for services to promptly diagnose and treat medical conditions.

Communitywide Result Link: A Healthy Community

1. Performance Measure: Percentage of client satisfaction surveys rating the office's overall performance as "satisfactory" or above.

00-01 Actual Results	01-02 Actual Results	02/03 Actual Results	03/04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
N/A	97%	98%	99%	98%	98%	98%

What: Clients are surveyed to determine how well staff served them.

Why: Clients' responses will identify ways to improve services.

How are we doing? Clients' satisfaction with CMSP's performance remains high. Excellent customer service is our priority. CMSP employees are working towards a 100% success rate in interacting with the public professionally and appropriately so each encounter leaves our customers feeling well served. To improve confidentiality and the integrity of customer survey responses, a lock box for survey form collection has been purchased so that customers may submit their survey forms anonymously.

Department Goal: Pay medical providers as quickly as possible.

Communitywide Result Link: A Healthy Community and Well Governed Community

2. Performance Measure: Number of medical claims processed in an hour

00-01 Actual Results	01-02 Actual Results	02/03 Actual Results	03/04 Actual Results	04-05 Adopted	04-05 Actual Results	05-06 Target
N/A	N/A	N/A	N/A	10	9.45	10

What: This measure tracks our performance in processing medical claims quickly.

Why: This data communicates our efficiency in processing claims.

How are we doing? The claims processing task represents one of the many performance standards that is monitored to ensure our staff resources and funds are used efficiently. Claims processors can view on-line, real time CMSP eligibility and utilization review information to determine the proper adjudication of each claim. The claim adjudication information is electronically transferred to the Auditor's Office for payment. A computer generated Explanation of Benefits (EOB) is forwarded to the Auditor's Office to accompany each warrant. In FY 04-05, we processed 29,243 CMSP medical claims in 3,097 hours, which calculates to 9.44 claims per hour. The average cost of processing a CMSP medical claim is \$2.63. AAA Billing Service reports that the average cost of processing a medical claim is between \$6.00 and \$15.00. The State-run CMSP program and seven counties that were surveyed reported that they did not track the costs to process medical claims.